

NCRA Well # 3

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. _____

| 1 | LOCATION OF WATER WELL: | Fraction | Section | Number | Township | Number | Range | Number | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------------|--|------------------------------|------------|--------|---|-------------|------|----|--------------------|-----------|------------|--------------------------------|------------|-----------|---------------------------|-----------|--|----------------------------|-----------|-----------|-------------------|--|--|--|--|--|--|--|--|--|
| | County: <u>McPherson</u> | <u>NE 1/4 NE 1/4 NE 1/4</u> | <u>5</u> | | <u>20S</u> | | | <u>3</u> EW | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance and direction from nearest town or city street address of well if located within city? <u>GPS 38.34648 NAD 83</u> <u>4750 FT North and 100 FT West of SE corner</u> <u>97.66718</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | WATER WELL OWNER: <u>National Cooperative Refinery Association</u> | | | | | | <u>38.34645 NAD 27</u> <u>97.66685</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| RR #, St. Address, Box #: City, State, ZIP Code : <u>1391 Iron Horse Rd</u> <u>McPherson, KS 67460</u> | | | Board of Agriculture, Division of Water Resources Application Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 | DEPTH OF WELL <u>160</u> ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: center;">N</div> <table border="1" style="width:100%; height:150px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">NW</td><td></td><td style="text-align: center;">NE</td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">SW</td><td></td><td style="text-align: center;">SE</td><td></td></tr> </table> <div style="text-align: center;">S</div> | | | | | | X | NW | | NE | | | | | | SW | | SE | | WELL'S STATIC WATER LEVEL <u>98'</u> ft. | | | | | | | | | | | | | |
| | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | NW | | NE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SW | | SE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WELL WAS USED AS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot <u>4 Industrial</u> </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <u>X</u> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | TYPE OF BLANK CASING USED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="radio"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blank casing diameter <u>18"</u> in. Was casing pulled? Yes <u>X</u> No If yes, how much <u>3' below G.S.</u> Casing height above or below land surface in. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | GROUT PLUG MATERIAL: 1 Neat cement <u>2 Cement grout</u> <u>3 Bentonite</u> 4 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grout Plug Intervals: From <u>98'</u> ft. to <u>6'</u> ft., From <u>6'</u> ft. to <u>2'</u> ft., From to ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> <u>11 Fuel storage</u> 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Direction from well? <u>South</u> How many feet? <u>25'</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>TO</u></td> <td><u>98'</u></td> <td><u>Chlorinated Sand/Gravel</u></td> </tr> <tr> <td><u>98'</u></td> <td><u>6'</u></td> <td><u>50/50 Grout Cement</u></td> </tr> <tr> <td><u>6'</u></td> <td><u>2'</u></td> <td><u>Bentonite Hole Plug</u></td> </tr> <tr> <td><u>2'</u></td> <td><u>0'</u></td> <td><u>Cement Cap</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | | | | | FROM | TO | PLUGGING MATERIALS | <u>TO</u> | <u>98'</u> | <u>Chlorinated Sand/Gravel</u> | <u>98'</u> | <u>6'</u> | <u>50/50 Grout Cement</u> | <u>6'</u> | <u>2'</u> | <u>Bentonite Hole Plug</u> | <u>2'</u> | <u>0'</u> | <u>Cement Cap</u> | | | | | | | | | |
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| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>1/22/10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/year) under the business name of <u>LAYNE CHRISTENSEN COMPANY</u> by (signature) <u>[Signature]</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |